



Building Permit Application

CASE NUMBER (Not to be filled out by Applicant): _____

PROPERTY INFORMATION:

PID Number _____
Property Address _____ Unit/Space _____
Legal Description _____
Subdivision/Survey _____
Lot _____ Block _____

APPLICANT (CONTACT INFORMATION):

Name _____ Phone no. _____
Address _____ City _____ State _____ Zip _____
Email address _____

Applicant is: ☐ Owner* ☐ Authorized Agent* ☐ Contractor ☐ Architect/Engineer ☐ Designer

* The *Homeowner's Affidavit* application must be completed if applicant is the authorized agent and/or the homeowner is acting as their own contractor. An owner wishing to act as their own general contractor to construct a new single family home must complete the *Homeowner's New Construction Permit Form*. (Separate document – needs to be notarized)

OWNER:

Name _____ Phone no. _____
Address _____ City _____ State _____ Zip _____
Email address _____

CONTRACTOR:

Business Name _____ Phone no. _____
Address _____ City _____ State _____ Zip _____
Email address _____

SCOPE OF WORK: Check as applicable

RESIDENTIAL

☐ New Single Family Dwelling _____ sq. ft.
☐ New Duplex..... sq. ft.
☐ New Townhouse..... sq. ft.
☐ Addition..... sq. ft.
☐ Alteration sq. ft.
☐ New Triplex..... sq. ft.
☐ New Quadraplex..... sq. ft.
☐ Accessory Dwelling Unit..... sq. ft.

COMMERCIAL/INDUSTRIAL

☐ New Apartment Complex..... bldgs. _____ units
☐ New Shell Building..... sq. ft.
☐ New Building..... sq. ft.
☐ Addition..... sq. ft.
☐ Tenant Improvement..... sq. ft.
☐ Swimming Pool

EXPRESS

☐ Accessory Building sq. ft.
☐ Commercial Demolition
☐ Residential Demolition
☐ Fence (Rock, Block, Wood, Chainlink)
☐ Retaining Wall
☐ Residential Swimming Pool
☐ Patio/Porch/Balcony/Carport..... sq. ft.
☐ Window Replacement
☐ Mobile Home Placement
☐ Temporary Placement;
Dates of operation: _____
☐ Completion Permit
Original Case Number: _____
☐ Curb Cut (Driveway)/Sidewalk
☐ Street Rental..... sq. ft.

PROJECT VALUATION: \$ _____

EAB REGISTRATION NUMBER _____

ASBESTOS REPORT YES _____ NO _____

CONTINUES IN BACK OF PAGE

NOTICE:

A. This permit becomes null and void if work or construction authorized is not commenced and inspections called for and obtained within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

B. Separate permits are required for electrical, mechanical, and/or plumbing.

AFFIDAVIT:

I hereby certify that I have read and examined this application and know the same to be true and correct **All** Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit **does not** presume to give authority to violate or cancel the provisions of any other federal, state, or local laws regulating construction or the performance of construction. I also hereby certify that the information on the site plan is true and correct and that all known easements have been properly shown. I also understand that I am required by city ordinance to notify a Texas "One Call" system before starting any excavation or digging work.

Print/Name**Date**

Signature/Name**Date****PLAN CPR / PBA REVIEW:**

I understand additional fees will apply when requesting *Customized Plan Review / Permits by Appointment*.

Signature _____ Date _____